

Exhibit

14

FORM B10 (Official Form 10) (Rev. 9/97)

United States Bankruptcy Court Northern		District of California	PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC		Case Number: 05-14659	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property): J. M. BRYAN FAMILY TRUST		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35 th Floor San Francisco, CA 94111		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone number: 415-421-9990		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		<input type="checkbox"/> Check here if this claim replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____	
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other fraud and misrepresentation		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:		3. If court judgment, date obtained: _____	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		\$ 4,033,873	
5. Secured Claim: <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <i>March 8, 2006</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>John M. Bryan, Trustee</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 152 and 3571

146-1

ATTACHMENT TO PROOF OF CLAIM

On March 14, 2005, the Debtor requested that the Claimant agree to forgive indebtedness owed by the Debtor in the amount of \$3,798,491.24 (the "Obligation") and to accept in lieu thereof a promissory note executed by Connaught Capital Partners ("CCP").

In order to induce the Claimant to agree to the Debtor's request, the Debtor made representations to the Claimant respecting its financial condition and the financial condition of CCP. Those representations were false and were made by the Debtor knowing of their falsity. See generally, Declaration of John M. Bryan filed in CCP's case No. 05-14660 on or about January 26, 2006. Claimant would not have agreed to release the Debtor had it known of the falsity of the representations. Claimant has been damaged in at least the amount of the Obligation and a reasonable rate of interest through the date of the filing of the Debtor's Petition herein, calculated as follows:

\$3,798,491.24 Obligation		
Principal	\$	3,798,491.24
Interest to 11/17/2005 at 9 %	\$	<u>235,381.76</u>
	\$	4,033,873.00

FORM B10 (Official Form 10) (Rev. 8/97)

United States Bankruptcy Court Northern		District of California	PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC	Case Number: 05-14659		
<small>NOTE: This form is intended to be used to file a claim for an administrative expense arising after the commencement of the case. It is not intended to be used to file a claim for a debt that is not an administrative expense. See the Bankruptcy Code, Title 11, U.S.C. § 503.</small>			
Name of Creditor (The person or entity to whom the debtor owes money or property): SYCAMORE VINEYARDS	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35th Floor San Francisco, CA. 94111			
Telephone number: 415-421-9990	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> if this claim: replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends		
1. Basis for Claim: <input checked="" type="checkbox"/> Goods sold 2005 Grape Harvest per attached Harvest Report <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 10/12/2005	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 497,115.08 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small>	<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim: <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>grape juice</u> Value of Collateral: \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim: <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Attorney, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of title. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date March 9, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>John M. Bryan</u> John M. Bryan on behalf of Sycamore Vineyards		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			

**FREEMARK ABBEY WINERY
GROWER HARVEST STATEMENT**

HARVEST YEAR: 2005
CROPS: Sycamore Vineyards

VARIETY	TONS	PRICE/TON	TOTAL PRICE	DELIVERY DTD	FINAL DUE DTD	50% DUE DTD
CABERNET SAUVIGNON	88.778	\$ 5,034.13	\$446,919.99	12-Oct	26-Nov	
CABERNET FRANC	5.033	\$ 5,017.35	\$25,252.32	5-Oct	19-Nov	
MERLOT	7.869	\$ 3,360.49	\$26,443.70	4-Oct	18-Nov	

AMERICAN VINEYARD FOUNDATION (\$1/\$1,000)

DEPT OF F&A PIERCE'S ASSESSMENT (\$2/\$1,000)
DEPT OF F&A REPORT FEES (\$.05/T)

NET BALANCE PAYABLE

(\$498.64
(\$997.27
(\$5.08

\$497,115.08

\$498,616.01

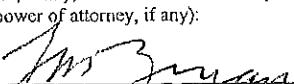
PAYMENT SCHEDULE:

Pmt	Due Dtd	TOTAL PAYABLE
2005	26-Nov	\$249,308.01
	15-Jan	\$247,807.07
		<u><u>\$497,115.08</u></u>

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United States Bankruptcy Court Northern		District of California	PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC	Case Number: 05-14659		
<small>NOTE: This form should be used to make a claim for an administrative expense arising after the commencement of the case. It is not appropriate to file a claim for an administrative expense before the case is commenced. 11 U.S.C. § 151(a).</small>			
Name of Creditor (The person or entity to whom the debtor owes money or property): SYCAMORE VINEYARDS	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35th Floor San Francisco, CA. 94111			
Telephone number: 415-421-9990	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> if this claim replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____		
1. Basis for Claim: <input checked="" type="checkbox"/> Goods sold 2005 Grape Harvest per attached Harvest Report <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)		
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4. Total Amount of Claim at Time Case Filed: \$ 497,115.08 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small>	<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim: <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>grape juice</u> Value of Collateral: <u>\$ unknown</u> Amount of acreage and other charges at time case filed included in secured claim, if any: <u>\$ _____</u>	6. Unsecured Priority Claim: <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: <u>\$ _____</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Attorney, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____. <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY		
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9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date March 9, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>John M. Bryan</u> John M. Bryan on behalf of Sycamore Vineyards		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			

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Name of Creditor (The person or entity to whom the debtor owes money or property): J. M. BRYAN FAMILY TRUST		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> <small>Check box if the address differs from the address on the envelope sent to you by the court.</small>	
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1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other fraud and misrepresentation		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>4,033,873</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
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9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date March 8, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): John M. Bryan, Trustee 		
<i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571</i>			

123-1

ATTACHMENT TO PROOF OF CLAIM

On March 14, 2005, the Debtor requested that the Claimant agree to forgive indebtedness owed by the Debtor in the amount of \$3,798,491.24 (the "Obligation") and to accept in lieu thereof a promissory note executed by Connaught Capital Partners ("CCP").

In order to induce the Claimant to agree to the Debtor's request, the Debtor made representations to the Claimant respecting its financial condition and the financial condition of CCP. Those representations were false and were made by the Debtor knowing of their falsity. See generally, Declaration of John M. Bryan filed in CCP's case No. 05-14660 on or about January 26, 2006. Claimant would not have agreed to release the Debtor had it known of the falsity of the representations. Claimant has been damaged in at least the amount of the Obligation and a reasonable rate of interest through the date of the filing of the Debtor's Petition herein, calculated as follows:

\$3,798,491.24 Obligation

Principal	\$	3,798,491.24
Interest to 11/17/2005 at 9 %	\$	<u>235,381.76</u>
	\$	4,033,873.00

FORM B10 (Official Form 10) (Rev. 9/97)

United States Bankruptcy Court Northern District of California		PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC	Case Number: 05-14659	
<small>NOTE: This form is not intended to be used for an individual's case. For an individual's case, use the simplified proof of claim form. This form is to be used for all other cases, including cases involving the commencement of the case under chapter 11, 12, or 13, and cases involving the filing of a motion for relief under chapter 11, 12, or 13. This form may be filed under 11 U.S.C. § 503.</small>		
Name of Creditor (The person or entity to whom the debtor owes money or property): JOHN M. BRYAN	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35th Floor San Francisco, CA. 94111		
Telephone number: 415-421-9990		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> if this claim replaces a previously filed claim, dated: 3-8-06 <input checked="" type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Guaranty Agreement</u>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 3/14/2005	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1,345,444.89 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small>	<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>grape juice</u>	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
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Date March 9, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): John M. Bryan	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>		

124-1

MPR 9.2006 F:AFM

RKYTHN HNU EDWHRKUS

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ATTACHMENT TO PROOF OF CLAIM

John M. Bryan personally guaranteed (the "Bryan Guaranty") the performance and payment by Legacy Estates Group, LLC ("Legacy") under an Agreement for the Purchase and Sale of Grapes (the "Red Barn Agreement") between Legacy and Red Barn Ranch, LLC. Legacy defaulted under the Red Barn Agreement by failing to pay for the 2005 Harvest. Red Barn's Grower Harvest Statement for the 2005 Harvest in the amount of \$1,345,444.89 is attached hereto. John M. Bryan honored the Bryan Guaranty by paying Red Barn Ranch \$1,345,444.89.

Legacy is obligated to indemnify and repay to John M. Bryan any amounts he is required to pay to Red Barn Ranch pursuant to the Bryan Guaranty. This claim is presented under that indemnity obligation and seeks repayment of the \$1,345,444.89 paid by John M. Bryan to Red Barn Ranch.

FREEMARK ABBEY WINERY
GROWER HARVEST STATEMENT

HARVEST YEAR: 2005
GROWER: RED BARN RANCH, LLC

VARIETY	TONS	PRICE/TON	TOTAL	FINAL
			PRICE	DELIVERY DTD
CABERNET SAUVIGNON	247.425	\$ 4,202.35	\$1,039,766.45	2-Nov
MERLOT	108.195	\$ 2,850.34	\$308,392.54	13-Oct
			\$1,348,158.99	
			(\$2,696.32)	
			(\$17.78)	
			\$1,345,444.89	

DEPT OF F&A PIERCE'S ASSESSMENT (\$2/\$1,000)

DEPT OF F&A REPORT FEES (\$.05/T)

NET BALANCE PAYABLE

PAYMENT SCHEDULE:

Pmt Due Dtd	TOTAL
	PAYABLE
2006 7-Jan	\$1,345,444.89

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United States Bankruptcy Court Northern		District of California	PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC	Case Number: 05-14659		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 103.</small>			
Name of Creditor (The person or entity to whom the debtor owes money or property): JOHN M. BRYAN	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35th Floor San Francisco, CA. 94111			
Telephone number: 415-421-9990	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> if this claim: replaces _____ a previously filed claim, dated: _____ <input type="checkbox"/> amends _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Guaranty Agreement	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 3/14/2005	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 1,345,444.89			
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).		
<small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date March 8, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): John M. Bryan <i>John M. Bryan</i> <small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>		

126-1

ATTACHMENT TO PROOF OF CLAIM

John M. Bryan personally guaranteed (the "Bryan Guaranty") the performance and payment by Legacy Estates Group, LLC ("Legacy") under an Agreement for the Purchase and Sale of Grapes (the "Red Barn Agreement") between Legacy and Red Barn Ranch, LLC. Legacy defaulted under the Red Barn Agreement by failing to pay for the 2005 Harvest. Red Barn's Grower Harvest Statement for the 2005 Harvest in the amount of \$1,345,444.89 is attached hereto. John M. Bryan honored the Bryan Guaranty by paying Red Barn Ranch \$1,345,444.89.

Legacy is obligated to indemnify and repay to John M. Bryan any amounts he is required to pay to Red Barn Ranch pursuant to the Bryan Guaranty. This claim is presented under that indemnity obligation and seeks repayment of the \$1,345,444.89 paid by John M. Bryan to Red Barn Ranch.

FREEMARK ABBEY WINERY
GROWER HARVEST STATEMENT

HARVEST YEAR: 2005
GROWER: RED BARN RANCH, LLC

VARIETY	2005 TONS	PRICE/TON	TOTAL PRICE	FINAL DELIVERY DTD
CABERNET SAUVIGNON	247.425	\$ 4,202.35	\$1,039,766.45	2-Nov
MERLOT	108.195	\$ 2,850.34	\$308,392.54	13-Oct
	<u>355.620</u>		<u>\$1,348,158.99</u>	

DEPT OF F&A PIERCE'S ASSESSMENT (\$2/\$1,000)
DEPT OF F&A REPORT FEES (\$.05/T)
NET BALANCE PAYABLE

(\$2,696.32)

(\$17.78)

\$1,345,444.89

PAYMENT SCHEDULE:

Pmt	Due	Dtd	TOTAL PAYABLE
2006		7-Jan	<u>\$1,345,444.89</u>

FORM B10 (Official Form 10) (Rev. 9/97)

United States Bankruptcy Court Northern		District of California	PROOF OF CLAIM
Name of Debtor: THE LEGACY ESTATE GROUP, LLC		Case Number: 05-14659	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property): JOHN M. BRYAN		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Bryan & Edwards 600 Montgomery Street, 35 th Floor San Francisco, CA. 94111		THIS SPACE IS FOR COURT USE ONLY	
Telephone number: 415-421-9990			
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> if this claim: replaces _____ a previously filed claim, dated: _____ <input type="checkbox"/> amends _____	
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Indemnity		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 3/14/2005		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ est. 20,181,673.85		If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim: <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any. \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Time-stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date March 8, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): John M. Bryan		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

122-1

ATTACHMENT TO PROOF OF CLAIM

John M. Bryan personally guaranteed (the "Bryan Guaranty") the performance and payment by Legacy Estates Group, LLC ("Legacy") under an Agreement for the Purchase and Sale of Grapes (the "Red Barn Agreement") between Legacy and Red Barn Ranch, LLC. Legacy defaulted under the Red Barn Agreement by failing to pay for the 2005 Harvest.

In response to Legacy's default, John M. Bryan honored the Bryan Guaranty with respect to the 2005 Harvest. John M. Bryan contemplates continuing to honor his obligations under the Bryan for the remaining term thereof. (the "Future Payments").

The Debtor is obligated to indemnify and repay to John M. Bryan any amounts he is required to pay to Red Barn Ranch pursuant to the Bryan Guaranty. This claim is presented under that indemnity and seeks repayment of the Future Payments. The amount of this claim is presently unliquidated and contingent, but may be estimated by multiplying the amount paid by John M. Bryan to Red Barn Ranch with respect to the 2005 Harvest (\$1,345,444.89) by the remaining term of the Red Barn Agreement and the Bryan Guaranty (15 years); that is, \$20,181,673.35.

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Counsel for John M. Bryan

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UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

12 In re } Case No. 05-14659
13 THE LEGACY ESTATE GROUP, LLC } Chapter 11
14 Debtor. }

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AMENDMENT TO CLAIM NUMBER 122

122-2

1 COMES NOW John M. Bryan and Red Barn Ranch and, amending that certain Claim Number
2 122, state as follows:

3 1. John M. Bryan personally guaranteed (the "Bryan Guaranty") the performance and payment
4 by Legacy Estates Group, LLC ("Legacy") under an Agreement for the Purchase and Sale of Grapes
5 (the "Red Barn Agreement") between Legacy and Red Barn Ranch, LLC. Legacy defaulted under the
6 Red Barn Agreement by failing to pay for the 2005 Harvest, and thereafter by rejecting a portion of the
7 Red Barn Agreement.

8 2. In response to Legacy's default, John M. Bryan honored the Bryan Guaranty with respect to
9 the 2005 Harvest. John M. Bryan contemplates continuing to honor his obligations under the Bryan
10 Guaranty for the remaining term thereof. (the "Future Payments"). The Debtor is obligated to indemnify
11 and repay to John M. Bryan any amounts he is required to pay to Red Barn Ranch pursuant to the Bryan
12 Agreement.

13 3. John Bryan timely filed a Proof of Claim, assigned number 122, asserting an unliquidated
14 and contingent indemnity claim for rejection damages with respect to the Red Barn Agreement.

1 4. He now amends that Proof of Claim to add Red Barn Ranch, LLC as a claimant. To the
2 extent that he has paid on the Bryan Guaranty, the claim is held by John Bryan; to the extent that he has
3 not, the claim is held by Red Barn Ranch, LLC.

4 DATED: August 17, 2006

5 ST. JAMES LAW, P.C.

6 By: /s/ Michael St James
7 Michael St. James
8 Counsel for John M. Bryan

9 DATED: 10/24/06

10 PRESTON, GATES & ELLIS, LLP

11 By: 
12 David Wiseblood
13 Counsel for Red Barn Ranch